



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Courier 56-20-02 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

September 6, 2005

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:**

**ATTENTION: SA CASEWORKERS AND SUPERVISORS**

**SUBJECT: STATE/COUNTY SPECIAL ASSISTANCE (SA) TRAINING**

We are pleased to offer **State/County Special Assistance (SA) Training** at ten locations across the state **in October and November 2005**. The one-day workshop is designed specifically for SA caseworkers, SA supervisors, and SA training staff. There will be two major areas of training: 1) 2005 legislative actions affecting the SA program, and 2) policy clarification needs as identified through SA monitoring. Participation is encouraged. The workshops will be held at the following locations on the designated dates, assuming the current travel restrictions affecting State and county staff have been lifted.

Raleigh (Wake County DSS)	Monday October 10, 2005
Fayetteville (Cumberland County DSS)	Tuesday October 11, 2005
Boone (Watauga County DSS)	Monday October 17, 2005
Williamston (Martin Community College)	Tuesday October 18, 2005
Asheville (Buncombe County DSS)	Tuesday October 18, 2005
Wilmington (New Hanover County DSS)	Tuesday November 1, 2005
New Bern (Craven County DSS)	Wednesday November 2, 2005
Albemarle (Stanly County DSS)	Thursday November 3, 2005
Hickory (Catawba County DSS)	Friday November 4, 2005
Winston-Salem (Forsyth South Side Library)	Wednesday November 16, 2005

Dear County Director of Social Services  
State/County Special Assistance (SA) Training  
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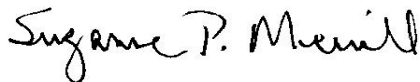
Geoff Santoliquido (SA Program Administrator), Brenda Porter (SA Program Coordinator), Bettie Johnson (SA Program Compliance Representative), and Sharon Odenwelder (SA Program Compliance Representative) will conduct the training. Counties may register up to a total of 4 staff members (space permitting) for whichever training location is most convenient. Each training site has capacity limits. The workshop will begin with registration at 9:00 AM and end by 3:30 PM. Duplicate the attached registration form as necessary to accommodate the number of people attending the training event.

There is no registration fee; however, **pre-registration is required.** To ensure space availability at your chosen site, **please register at least 2 weeks prior to the date of your selected training event.** A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, Taylor Hall, 2101 MSC, 693 Palmer Dr., Raleigh, North Carolina, 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Should it be necessary to cancel or postpone any of these events due to continued travel restrictions, you will be notified in advance.

Registrants will be sent a confirmation letter, directions to the training site, and site telephone contact number. Site locations were chosen so that there would be no overnight travel required for participants. Due to budget constraints, we regret that we are unable to provide refreshments. Participants are welcome to bring their own snacks and beverages to the training event. If you need additional SA training information, you may contact Monica Nealous at (919) 733-3818.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief  
Adult Services Section

Attachment

AFS-17-2005

## Adult Services Section, NC Division of Aging and Adult Services Registration Form

(Forms faxed or mailed prior to the date registration opens will NOT be considered)

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☒ Not Applicable for this Training

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: ☐ Female ☐ Male  
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: State/County Special Assistance (SA) Training

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_